



1-7-05

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EV554746695

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/650,891
	Filing Date	8/28/2003
	First Named Inventor	Ciprian Gociman
	Group Art Unit	2131
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	MS1-1684US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	PTO-1449; reference copies (6); return receipt postcard
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

22801

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Brian G. Hart/Reg. No. 44421
Signature	<i>Brian Hart</i>
Date	01/06/05

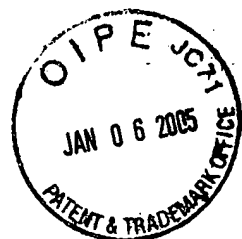
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	LeAnn M. Sassman	Date	1/6/05
Signature	<i>LeAnn M. Sassman</i>		

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EV554746695

PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

Complete If Known

Application Number	10/650,891
Filing Date	8/28/2003
First Named Inventor	Ciprian Godman
Examiner Name	
Art Unit	2131
Attorney Docket No.	MS1-1684US

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Leo & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50	=

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	200	=

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

Fees Paid (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY

Signature

Brian G. Hart

Registration No. 44421
(Attorney/Agent)

Telephone (509) 324-9256

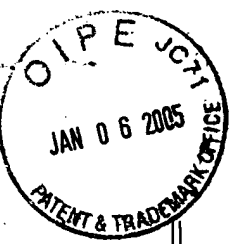
Name (Print/Type)

Brian G. Hart

Date 01/06/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EV554746695

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1
2 Serial No. 10/650,891
3 Filing Date 8/28/2003
4 Confirmation No. 8737
5 Inventorship Ciprian Gociman
6 Applicant Microsoft Corporation
7 Group Art Unit 2131
8 Examiner
9 Attorney's Docket No. MS1-1684US
10 Title: Delegated Administration of a Hosted Resource

11
12 **INFORMATION DISCLOSURE STATEMENT AND**
13 **CERTIFICATION UNDER 37 CFR 1.97(e)**

14 The citations listed, copies attached, may be material to the examination of
15 the subject application and are therefore submitted in compliance with the duty of
16 disclosure defined in 37 CFR §1.56. The Examiner is requested to make these
17 citations of official record in this application.

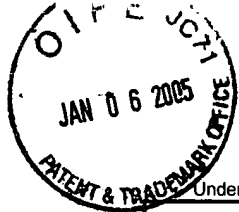
18 I hereby certify that to my knowledge, after reasonable inquiry, that each
19 item of information contained in the information disclosure statement was cited in
20 a communication from a foreign patent office in a counterpart foreign application
21 not more than three months prior to the filing of the statement.

22 Furthermore, each item of information contained in the information
23 disclosure statement was cited in a communication from a foreign patent office in
24 a counterpart application and this communication was not received by any
25 individual designated in §1.56(c) more than thirty days prior to the filing of the
information disclosure statement.

Respectfully Submitted,

Date: 01/06/05

By: Brian G. Hart
Brian G. Hart
Reg. No. 44,421



PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete if Known			
		Application Number	10/650,891		
		Filing Date	8/28/2003		
		First Named Inventor	Ciprian Gociman		
		Art Unit	2131		
Sheet	1	of	2	Examiner Name	
				Attorney Docket Number	MS1-1684US

U.S. PATENT DOCUMENTS						
Examiner Initials ¹	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)				
		US-	2002/0133579 A1	09-19-2002	Bernhardt et al.	
		US-	2002/0095414 A1	07-18-2002	Barnett et al.	
		US-	6,189,103 B1	02-13-2001	Nevarez et al.	
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FOREIGN PATENT DOCUMENTS							
Examiner Initials ¹	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)					

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

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Substitute for form 1449/PTO

(use as many sheets as necessary)

Complete if Known

Application Number	10/650,891
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Filing Date	8/28/2003
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First Named Inventor	Ciprian Gociman
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Group Art Unit	2131
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Examiner Name

Attorney Docket Number	MS1-1684US
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Sheet	2	of	2
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[illegible]

Examiner
Signature

Date
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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